

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHOD TO INCREASE CEREBRAL BLOOD FLOW IN AMYLOID ANGIOPATHY

the specification of which:
(check one)

X is attached hereto.

_____ was filed on _____ as

Application Serial No. _____

and was amended _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 (a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International Application which designated at least one country other than the United States, listed below. I have also identified below any foreign application for patent or inventor's certificate, or PCT International Application having a filing date before that of the earliest application from which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

<u>Number</u>	<u>Country</u>	<u>Filing Date</u>	<u>Yes</u>	<u>No</u>
N/A	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

004100-01900900

Please address all communications, and direct all telephone calls, regarding this application to:

John P. White _____ Reg. No. 28,678
 Cooper & Dunham LLP
 1185 Avenue of the Americas
 New York, New York 10036
 Tel. (212) 278-0400

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor David M. Stern

Inventor's signature

Citizenship U.S.A. Date of signature

Residence 63 Tanners Road, Great Neck, New York 11020

Post Office Address same as above

Full name of joint inventor (if any) Ann Marie Schmidt

Inventor's signature

Citizenship U.S.A. Date of signature

Residence 242 Haven Road, Franklin Lakes, New Jersey, 07417

Post Office Address same as above

Full name of joint inventor (if any) Shi Du Yan

Inventor's signature

Citizenship People's Republic of China Date of signature

Residence 60 Haven Avenue, Apartment 4-B, New York, New York 10032

Post Office Address same as above

007130 01986960

Declaration and Power of Attorney

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*Full name of joint
inventor (if any)* Berislav Zlokovic

Inventor's signature _____

Citizenship _____ *Date of signature* _____

Residence _____

Post Office Address same as above

001160 81982960

Applicant or Patentee: David M. Stern, et al.

Serial or Patent No.: Yet Known

Attorney's 0575/62097/

Filed or Issued: with

Docket No: JPW/JML

Title of Invention or Patent: A METHOD TO INCREASE CEREBRAL BLOOD FLOW IN AMYLOID ANGIOPATHY

VERIFIED STATEMENT (DECLARATION) CLAIMING
SMALL ENTITY STATUS UNDER 37 C.F.R. §1.9(f)
AND §1.27(d) - NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Organization: The Trustees of Columbia University in the City of New York

Address of Organization: Broadway and West 116th Street
New York, New York 10027

TYPE OF ORGANIZATION:

☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE 26 U.S.C. §§501(a) and 501(c)(3)
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
NAME OF STATE: _____
CITATION OF STATUTE: _____
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE 26 U.S.C. §§501(a) and 501(c)(3) IF LOCATED IN THE UNITED STATES OF AMERICA
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
NAME OF STATE: _____
CITATION OF STATUTE: _____

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. §1.9(e)* for purposes of paying reduced fees under 35 U.S.C. §41(a) and 41(b), with regard to the invention entitled A METHOD TO INCREASE CEREBRAL BLOOD FLOW IN AMYLOID ANGIOPATHY

by inventor(s) David M. Stern, Ann Marie Schmidt, Shi Du Yan, and Berislav Zlokovic described in:

☒ the specification filed herewith
☐ application serial no. _____ filed _____
☐ patent no. _____ issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive each individual, concern, or organization known to have rights to the invention is listed below^a and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 C.F.R. §1.9(d)* or a nonprofit organization under 37 C.F.R. 1.9(e)*

^aNOTE: Separate verified statements are required from each person, concern, or organization having rights to the invention averring to their status as small entities. 37 C.F.R. §1.27.

Name: _____
Address: _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. 37 C.F.R. §1.28(b)*.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing: Jack M, Granowitz
Title In Organization: Executive Director, Columbia Innovation Enterprise
Address: Columbia University, Engineering Terrace - Suite 363
West 120th Street and Amsterdam Avenue, New York, New York, 10027
Signature: _____
Date Of Signature: _____